

Exhibit A

REQUEST FOR ADMINISTRATIVE REMEDY

DIXON

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: <u>Wilkerson, Curtis</u>	<u>52455-066</u>	<u>CADRE A//135L</u>	<u>FMC Butner</u>
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

Part A- INMATE REQUEST I humbly request relief and release from any obligation imposed under count five (5) of my conviction, case #99-cr-35-1[E.D.P.A.]. In support thereof, I offer the following: as evidenced in Section 403(A) of the First Step Act of 2018, Congress has eliminated any "stacking" penalties under Title 18 United State Code, Section 924(c)(1), for first time offenders. The sentence imposed on me for count 5 accounts for 25 years of an aggregate sentence of 37 years. If I were sentenced today, the sentence imposed on count 5 of the indictment would no longer be applicable. The most I would receive is 5 years instead of 25 years. As such, I am serving a sentence that Congress no longer deems appropriate. I continue to face an absolute injustice as I serve the remainder of the sentence imposed for count 5. RELIEF SOUGHT: I request release from the obligation imposed under count five (5) of my indictment. Under the provisions of the First Step Act of 2018, I have presented these "Extraordinary and Compelling Circumstances" that warrant such relief. You have the authority to recommend or install this request under the "Compassionate Release (Extraordinary and Compelling Circumstances)" clause in the First Step Act. Additionally, as a medical issue, I suffer from high blood pressure and kidney disease. As these underlying medical conditions place me at greater risk to COVID-19 and there is a reported increase in the number of COVID-19 cases on the Butner complex, I am fearful of contracting the virus and placing my life at risk.

4/30/20
DATE

[Signature]
SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 1016925-F1

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Part C- RECEIPT

Return to:	_____ LAST NAME, FIRST, MIDDLE INITIAL	_____ REG. NO.	_____ UNIT	_____ INSTITUTION
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SUBJECT: _____

5/1/2020
DATE

[Signature]
RECIPIENT'S SIGNATURE (STAFF MEMBER)

